# Application Data Sheet Under 37 C.F.R. § 1.76

## **Application Information**

Application number	·
Filing Date::	•
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	SYSTEM AND METHOD FOR USING A PREPROCESSOR TO DETERMINE DEPENDENCIES BETWEEN J2EE COMPONENTS
Attorney Docket Number::	BEAS-01322US1
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	2
Total Drawing Sheets::	5
Small Entity?::	
Latin name::	
Variety denomination name::	
Petition included?::	•
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers:	•

#### Secrecy Order in Parent Appl.?::

## **Applicant Information**

Applicant Authority Type:: Primary Citizenship Country:: Status::	Inventor US Full Capacity
Given Name::	Sam
Middle Name::	
Family Name::	Pullara
Name Suffix::	
City of Residence::	San Francisco
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	2315 North First Street
City of mailing address::	San Jose
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94131

### **Correspondence Information**

Correspondence Customer Number ::	23910	
Name::		
Street of mailing address::		

City of mailing address::

State or Province of mailing address::

Country of mailing address::  Postal or Zip Code of mailing address::										
Phone number::				415-362-3800						
			4	415-362-2928						
E-Mail address::	E-Mail address::			kfk@fdml.com, srm@fdml.com						
Representative Information										
Representative Customer Number::			23910		<u> </u>					
Domestic Priority Information										
Application ::	Continuity Type::			Parent Application::			Parent Filing Date::			
This application	An application claiming the benefit under 35 U.S.C. 119(e)		60/450,431		February 27, 2003					
Foreign Pr	ior		forma			ng Date::		Priority Claimed::		
Assignee Information										
Assignee name::										
Street of mailing address::										
City of mailing address::										
State or Province of mailing address::										
Country of mailing address::										
Postal or Zip Code of mailing address::										